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CONFIRMATION NO. 2816

Bib Data Sheet

SERIAL NUMBER 10/765,977	FILING OR 371(c) DATE 01/29/2004 RULE	CLASS 434	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 14431
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APPLICANTS

Tracy Hall, Land O'Lakes, FL; *10C*

**** CONTINUING DATA *******

10F

**** FOREIGN APPLICATIONS *******

10F

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/12/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	Met after Allowance		
Verified and Acknowledged <i>10C</i>	Examiner's Signature _____	Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2

ADDRESS

293

TITLE

Implement for speech therapy

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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